



### General

#### **Title**

Upper gastrointestinal (GI) cancer: proportion of patients with oesophageal or gastric cancer who have a histological diagnosis made following initial endoscopy and biopsy.

### Source(s)

NHS Scotland, Scottish Cancer Taskforce. Upper GI cancer clinical quality performance indicators. Edinburgh (Scotland): Healthcare Improvement Scotland, Scottish Government; 2015 Jan. 41 p. [15 references]

### Measure Domain

### Primary Measure Domain

Clinical Quality Measures: Process

# Secondary Measure Domain

Does not apply to this measure

# **Brief Abstract**

# Description

This measure is used to assess the proportion of patients with oesophageal or gastric cancer who have a histological diagnosis made following initial endoscopy and biopsy.

Note from the National Quality Measures Clearinghouse: This measure is part of the Cancer Quality Performance Indicators (QPIs) collection. For more information, including a complete list of QPI measure sets, please visit the Healthcare Improvement Scotland Web site.

### Rationale

For diagnosis of oesophageal or gastric cancer the use of endoscopy is recommended (Scottish Intercollegiate Guidelines Network [SIGN], 2006).

A tissue diagnosis in cases of suspected oesophageal and gastric cancer requires adequate sampling of the suspicious lesion. Multiple biopsies should be obtained and the number of biopsies examined should always be reported. Repeat endoscopy and biopsy to obtain a diagnosis should be minimized (SIGN, 2006).

This Cancer Quality Performance Indicator (QPI) measures the number of patients who gain a definitive diagnosis following initial endoscopy and biopsy, this addresses two specific issues of quality care: insufficient biopsies being taken and repeat endoscopies.

#### Evidence for Rationale

NHS Scotland, Scottish Cancer Taskforce. Upper GI cancer clinical quality performance indicators. Edinburgh (Scotland): Healthcare Improvement Scotland, Scottish Government; 2015 Jan. 41 p. [15 references]

Scottish Intercollegiate Guidelines Network (SIGN). Management of oesophageal and gastric cancer. A national clinical guideline. Edinburgh (Scotland): Scottish Intercollegiate Guidelines Network (SIGN); 2006 Jun. 69 p. (SIGN publication; no. 87). [393 references]

### **Primary Health Components**

Oesophageal cancer; gastric cancer; endoscopy; biopsy; histological diagnosis

### **Denominator Description**

All patients with oesophageal or gastric cancer who undergo endoscopy

### **Numerator Description**

Number of patients with oesophageal or gastric cancer who undergo endoscopy who have a histological diagnosis made following initial endoscopy and biopsy (see the related "Numerator Inclusions/Exclusions" field)

# Evidence Supporting the Measure

# Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

# Additional Information Supporting Need for the Measure

Unspecified

# Extent of Measure Testing

The collection of data is piloted on a small number of patient records using a paper data collection form produced by the Information Services Division (ISD). The aim is to identify any anomalies or difficulties with data collection prior to full implementation. At least one NHS board in each Regional Cancer Network participates in the pilot.

# Evidence for Extent of Measure Testing

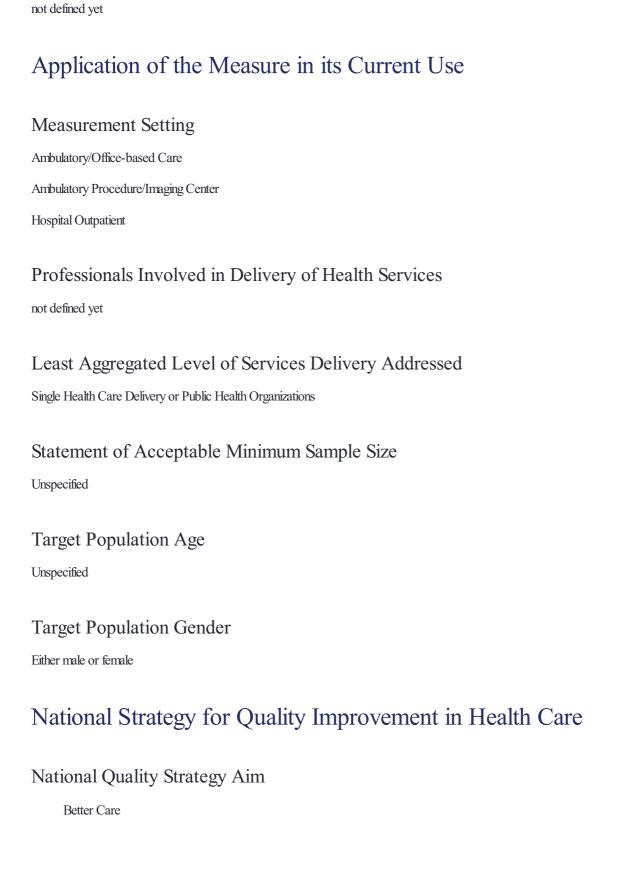
NHS Scotland. National cancer quality performance indicators: overview of development process. Edinburgh (Scotland): NHS Scotland; 2012 Dec. 7 p.

# State of Use of the Measure

State of Use

Current routine use

Current Use



# National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

# Institute of Medicine (IOM) National Health Care Quality Report Categories

| MOI | Care | Need  |  |
|-----|------|-------|--|
|     | Care | INEEU |  |

Living with Illness

### **IOM Domain**

Effectiveness

## Data Collection for the Measure

## Case Finding Period

Unspecified

## **Denominator Sampling Frame**

Patients associated with provider

# Denominator (Index) Event or Characteristic

Clinical Condition

Diagnostic Evaluation

### **Denominator Time Window**

not defined yet

### Denominator Inclusions/Exclusions

Inclusions

All patients with oesophageal or gastric cancer who undergo endoscopy

Exclusions

None

# Exclusions/Exceptions

not defined yet

# Numerator Inclusions/Exclusions Inclusions

Number of patients with oesophageal or gastric cancer who undergo endoscopy who have a histological diagnosis made following initial endoscopy and biopsy\*

\*Patients may undergo endoscopies which are not related to their cancer diagnosis; therefore within the measurement of this Cancer Quality Performance Indicator (QPI) the 'initial endoscopy and biopsy' will be identified if no endoscopy occurred within the previous year.

Exclusions

None

### Numerator Search Strategy

Fixed time period or point in time

### Data Source

Electronic health/medical record

Paper medical record

### Type of Health State

Does not apply to this measure

### Instruments Used and/or Associated with the Measure

Unspecified

# Computation of the Measure

# Measure Specifies Disaggregation

Does not apply to this measure

# Scoring

Rate/Proportion

# Interpretation of Score

Desired value is a higher score

# Allowance for Patient or Population Factors

not defined yet

# Standard of Comparison

### Prescriptive Standard

Target: 90%

The tolerance within this target is designed to account for situations where it is not technically possible to undertake biopsy and for factors of patient choice.

### **Evidence for Prescriptive Standard**

NHS Scotland, Scottish Cancer Taskforce. Upper GI cancer clinical quality performance indicators. Edinburgh (Scotland): Healthcare Improvement Scotland, Scottish Government; 2015 Jan. 41 p. [15 references]

# **Identifying Information**

# Original Title

QPI 1 - endoscopy.

### Measure Collection Name

Cancer Quality Performance Indicators (QPIs)

### Measure Set Name

Upper GI Cancer

### Measure Subset Name

Diagnosis and Staging QPIs

### Submitter

NHS Scotland - National Government Agency [Non-U.S.]

Scottish Cancer Taskforce - National Government Agency [Non-U.S.]

## Developer

NHS Scotland - National Government Agency [Non-U.S.]

Scottish Cancer Taskforce - National Government Agency [Non-U.S.]

# Funding Source(s)

Scottish Government

| Composition of the Group that Developed the Measure   |
|---|
| Upper GI Cancer QPI Development Group   |
| Financial Disclosures/Other Potential Conflicts of Interest   |
| Unspecified   |
| Adaptation  |
| This measure was not adapted from another source.   |
| Date of Most Current Version in NQMC  |
| 2015 Jan  |
| Measure Maintenance   |
| The Cancer Quality Performance Indicators (QPIs) will be kept under regular review and be responsive to changes in clinical practice and emerging evidence.   |
| Date of Next Anticipated Revision   |
| Unspecified   |
| Measure Status  |
| This is the current release of the measure.   |
| Measure Availability  |
| Source document available from the Healthcare Improvement Scotland Web site   |
| For more information, contact the Healthcare Improvement Scotland at Gyle Square, 1 South Gyle Crescent, Edinburgh, Scotland EH12 9EB; Phone: 0131 623 4300; E-mail: comments.his@nhs.net; Web site: www.healthcareimprovementscotland.org/ |
| Companion Documents   |
| The following is available:   |
| • NHS Scotland. National cancer quality performance indicators: overview of development process. Edinburgh (Scotland): NHS Scotland; 2012 Dec. 7 p. This document is available from the Healthcare Improvement Scotland Web site            |
| NQMC Status   |
| This NQMC summary was completed by ECRI Institute on May 19, 2017.  |

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## Production

### Source(s)

NHS Scotland, Scottish Cancer Taskforce. Upper GI cancer clinical quality performance indicators. Edinburgh (Scotland): Healthcare Improvement Scotland, Scottish Government; 2015 Jan. 41 p. [15 references]

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